



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Application for a Permit to Operate a Tanning Facility

Fee: \$145.00 (Payable to Town of Arlington)

Name of Establishment_____

Address_____

Phone _____

Owner_____

Person in Charge/ Manager: _____

Number of Tanning Devices_____

Types of Device(s) (Booths, Beds, etc.)_____

Manufacturer of Device(s)_____

List all persons who operate the tanning device(s) at this facility_____

Type of sanitizer/disinfectant used for contact surfaces_____

Please attach one (1) copy of the customer warning statement, and one (1) copy of the injury report form used.

Signature of Manager/Owner_____ **Date**_____